

FILED DEC 7 1948

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 9902

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barner Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Oct 23 to Nov 26th 42
(Specify whether
In this community 55 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7100 Delmar Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Nettie Hale Rand

3. (b) If veteran, name was none 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank C. Rand 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Jan 27th 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 29 hr. min.

9. Birthplace Jacksboro Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Phillip Henry Hale
13. Birthplace London England
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Miriam Strong
15. Birthplace Habit Badm Springs Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Frank C. Rand

(b) Address 7100 Delmar

17. (a) Burial (b) Date thereof Nov. 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner and Co

(b) Address 3621 Olive St.

19. (a) NOV 27 1942 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26th
year 1942 hour 12 minute 15
21. I hereby certify that I attended the deceased once
from 11/22 to 11/26 1942
that I last saw her alive on 11/25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Due to Myocardial Infarct Duration 140y
Hypertension 5y
Due to arterio sclerosis 10 ym

Other conditions: (Include pregnancy within 3 months of death) 94

Major findings: Of operations
Of autopsy
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury:

23. Signature Chas E. ... (M. D. or other) 11/27
Address 1102-634 N. Grand Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 22 1947

DEC 21 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Neville B. Trohewetter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.